

# My Health History



**Date:** \_\_\_\_\_

It is useful to keep a record of your care and past conditions. You can give it to new doctors, along with a list of your medications. It is also a good idea to get a copy of your medical records. You have a right to get a copy and even to add information to it. There may be a charge for copying.

**This history should include:**

**1. Current conditions and treatments**

_____	_____
_____	_____
_____	_____

**2. Past conditions, dates, and treatments**

_____	_____
_____	_____
_____	_____

**3. Past surgeries and dates**

_____	_____
_____	_____
_____	_____

**4. Immunizations and dates**

_____	_____
_____	_____
_____	_____

**5. Allergies to food, medicine, or anything else**

_____	_____
_____	_____
_____	_____

**6. Other information:**

_____	_____
_____	_____
_____	_____

**Family Health History for** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Father** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Family Health History for** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sibling** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Sibling** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Sibling** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Sibling** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Sibling** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_

**Sibling** \_\_\_\_\_

Major illnesses \_\_\_\_\_

Major conditions \_\_\_\_\_

If deceased, age at death and the cause \_\_\_\_\_